

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/674067

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20					1		70						
21					1		71						
22					1		72						
23					1		73						
24					1		74						
25					1		75						
26					1		76						
27					1		77						
28					1		78						
29					1		79						
30					1		80						
31					2		81						
32					2		82						
33					3		83						
34					1		84						
35					2		85						
36					2		86						
37					1		87						
38					3		88						
39					2		89						
40					1		90						
41					1		91						
42					1		92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		3				TOTAL IND.						
TOTAL DEP.	0		30				TOTAL DEP.						
TOTAL CLAIMS	1		33				TOTAL CLAIMS						

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